

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011160

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 180

Primary Registration District No.

Registrar's No.

26

FILED APR 9 1963

## 1. PLACE OF DEATH

a. COUNTY

Gentry, County

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Stanberry, Missouri

Length of stay in 1b

2 weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

205 E. Main St., Stanberry

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Gentry

c. CITY  
OR  
TOWN

Stanberry, Missouri

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

205 E. Main St., Stanberry

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

Anna

B.

Ketchum

## 4. DATE OF DEATH

Month

Day

Year

March

20

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2-17-1874

## 9. AGE (last birthday)

89

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Housewife

## 11. BIRTHPLACE (City and state or country)

2 Mi. W. of Maryville, MO.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Charles Buholt

## 13b. MOTHER'S MAIDEN NAME

Angeline Baker

## 14. NAME OF HUSBAND OR WIFE

William Ketchum

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates)

No

## 16. SOCIAL SECURITY NO.

83B

## 17. INFORMANT

William Ketchum Stanberry, Missouri

## 18. CAUSE OF DEATH (Enter only one cause)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Chronic Myocarditis

### INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

Arteriosclerosis, Senility

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Death occurred at

Seen & last saw him after death 5 P M on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Dr. G. B. Barger, D.O. Gentry Co. Coroner

## 22b. ADDRESS

King City, Mo

## 22c. DATE SIGNED

3-21-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

3-22-1963

## 23c. NAME OF CEMETERY OR CREMATORY

High Ridge Cemetery

## 23d. LOCATION (City, town, or county)

Stanberry, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Johnson Funeral Home Stanberry, Mo.

## 25. DATE RECD. BY LOCAL REG.

4-3-63

## 26. REGISTRAR'S SIGNATURE

Mrs. L. W. Barger

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
0380  
0380  
3  
4 1  
5 1  
6  
7 0  
8 2  
94221  
10  
11  
1290-3  
131-0

DATE AMENDED

rec'd 4-3-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Charles Dean Allen, Student Embalmer No. 671  
working under my personal supervision.

Student Charles Dean Allen  
Signature of Student Embalmer

Signed Russ E. Johnson

Licensed Embalmer No. 4948

P. O. Address Stanberry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.